

**Alabama EHR
Meaningful Use
Incentive Payment
Program**

**MU AUDITS:
MU AUDIT-RELATED DEFINITIONS
(QUICK REFERENCE)**

TERMINOLOGY	DEFINITION
AMA	Alabama Medicaid Agency. The State agency responsible for administering Alabama's Medicaid program and the Medicaid EHR-MU Incentive Payment Program. Often referred to as "Medicaid".
EHR	Electronic Health Record
CEHRT	Certified Electronic Health Record Technology
The Final Rule	The federal regulations governing the EHR Meaningful Use Incentive Payment Program. Found at 42CFR495; initially effective 28 July 2010, and amended 09/04/2012 and again 09/04/2014.
EP	Eligible Professional. One of the categories of health care providers that may apply for and receive an incentive payment: 1) Physician, 2) Certified Nurse Practitioner, 3) Certified Nurse Midwife, 4) Dentist, 5) Physician Assistant that leads a FQHC or RHC, 6) Optometrist
EH	Eligible Hospital. A hospital with the last 4 digits of its CMS Certification Number (CCN) ending in the series 0001 – 0879, and 1300 – 1399, and has an average length of stay of not more than 25 days. Also childrens' hospitals with CCNs ending in the series 3300 – 3399.
DHHS	The federal Department of Health and Human Services.
CMS	Centers for Medicare and Medicaid Services. That office within the federal Department of Health and Human Services that is responsible administering the Medicare and Medicaid programs.
ONC	Office of the National Coordinator. That office within DHHS that is responsible for, among other things, establishing the certification criteria for electronic health record products/systems for the incentive program. All such systems meeting the criteria may be designated by ONC as "CEHRT".
MU	Meaningful Use (of CEHRT). The proven use by a health care provider of CEHRT in his/her practice by meeting the various requirements established by CMS that are intended to represent the proper and effective use of EHR technology.
Meaningful User	A health care provider (most often an EP or EH) that is using CEHRT in the manner prescribed by CMS.
Incentive Payment	The bonus payment that an EP and EH may receive for becoming Meaningful Users.
PV	Patient Volume. Expressed as the number of patient encounters an

	EP/EH has when establishing eligibility for a Medicaid incentive payment.
Patient Encounter	Generally defined as all services provided to a single patient on a single day. Only one encounter may be counted by a Provider regardless of the number of services or procedures are provided by that Provider to a unique patient, or the number of times the Provider sees the same patient in a single day.
PMS	Practice Management System. Any system or methodology, whether electronic or manual, that a Provider uses to manage office operations, track patient visits, claims and billing, patient insurance coverages and payments, etc.
Representative Period	That specified period of time from which data is taken to establish Medicaid MU program eligibility, such as establishing the minimum Medicaid patient volume percentage.
Reporting Period	That period of time specified by CMS for which the results of an EP/EH's CEHRT use will be reported. The CEHRT use will be described in CMS' established MU standards of Core Measures, Menu Measures, and Clinical Quality Measures (CQM).
MMIS	Medicaid Management Information System. The automated system used to help manage a State's Medicaid program. Among the many system functions, the most familiar are tracking and paying Provider claims for services to Medicaid patients.
HP	Hewlett Packard. The private vendor that contracts with Medicaid to operate the MMIS.
RA	Remittance Advice. The written explanation of the payments being made to a Medicaid Provider through the MMIS.
PMF	Provider Master File. The electronic file maintained within the MMIS that contains the identifying and descriptive information for each of Alabama's Medicaid Providers.
CR	Cost Report. The annual accounting document hospitals must submit to CMS (and Medicaid). The report is made on the CMS Form "CMS 2552-96" or "CMS 2552-10" and, with few exceptions, covers the 12-month period of the individual hospital's fiscal year. Alabama has adopted the CR as the preferred source document for establishing EH Medicaid MU program eligibility.
Auditable Data Source	Any documentation – including any report, document, spreadsheet, or other information source - used to derive data that is directly reported to Medicaid or is used to compile or support data that is reported to Medicaid in an application for an incentive payment, and that documentation is a tangible thing capable of being examined and its origins identified and confirmed.